

Case Number:	CM13-0050108		
Date Assigned:	12/27/2013	Date of Injury:	11/04/2010
Decision Date:	05/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old right-hand-dominant man, who was injured on 11/4/10 with injuries to the right hand after being assaulted by a patient while working as a psychiatric nurse. The patient is status post wrist surgeries in 2010 and 2011, 2/2013 and July 16, 2013. The patient had open surgery to the distal ulna with re-operation. He had damage to the Triangular Fibrocartilage Complex (TFCC). He is also status post reconstruction of the scapholunate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PERCOCET 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on the California MTUS Guidelines (2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines with ongoing pain management with narcotics, the "four As" should be assessed, and there is no evidence of at least two being addressed within the medical records, adverse side effects and aberrant drug-taking behaviors. Additionally, the medical records provided for review does not include functional goal associated with escalating narcotic use, which should be set before initiating opiates. This patient started his opiates postsurgically, but at the point where escalation

is being considered, he is three months from the procedure. It is an appropriate time to re-evaluate the goals of therapy, the type of pain he has (e.g. nociceptive, neuropathic) and whether psychological factors come to bear, especially with concurring marital problems. Furthermore, there is no pain scale used in the 10/3/13 note, where dose escalation is being considered to address the degree of pain and any changes resultant from therapy. The request for Percocet 10/325 mg # 60 is not medically necessary and appropriate.

HOME HEALTH CARE (4 HOURS PER DAY, 3 DAYS PER WEEK FOR 6 WEEKS):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Home health services are only authorized for homebound patients for a maximum 35 hours per week, for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Based on the medical records provided for review, the patient's wife had helped him with activities of daily living for 6 weeks postoperatively, and then they separated. There is no specified medical treatment requested of the home health services, and the use of these services for personal care is not authorized under the treatment guidelines, as noted above. The request for Home Health Care, 4 hours per day, 3 days per week for six weeks is not medically necessary and appropriate.